

Supervisor's Accident Investigation

(to be completed by the employee's supervisor or other member of management.)

Who was injured?		Perm AS Employee? Y/N Temp/SOS Employee? Y/N	Date of Accident or Illness:																		
Location where accident occurred:		Employer's Premises? Y/N Employee's Job Site? Y/N	Time of Accident:																		
Employee Date of Hire:	Years of Service with State: Years of Service with AS:	Employee Job Title/Classification:																			
What property, if any, was damaged because of this accident?			Property/Equipment owned by:																		
What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation? Was this a part of the employee's usual work?																					
How did injury/illness occur? List all objects and substances involved.																					
Part of body affected/injured? Any prior physical conditions? If so, what?																					
Nature and extent of injury/illness and property damaged (be specific):																					
PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS																					
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Supervisor's corrective action to ensure this type of accident does not reoccur: _____

Was the employee trained in appropriate use of State equipment and/or safety procedures? Y/N

Date of Training: _____

Did the Employee promptly report the injury/illness? Y/N To Whom? _____ When? _____

Signature of Supervisor/Management: _____ Date: _____